

## *Improving Treatment for Depression in Primary Care*

*About one out of every three veterans visiting primary care have some symptoms of depression; one in five have serious symptoms that suggest the need for further evaluation for major depression; and one in eight to ten have major depression requiring treatment with psychotherapy or antidepressants. Most VA patients with depression are cared for principally in primary care clinics. Successful depression treatment requires more than a pill and more than a clinical reminder.<sup>1</sup> Collaboration between primary care and mental health, including screening and assessment to identify the condition, structured symptom monitoring to guide treatment, and brief care management have been proven effective.<sup>2,3</sup> Practice redesign is necessary to facilitate collaborative care.<sup>4</sup>*

### **Translating Initiatives for Depression into Effective Solutions (TIDES)**

The VA has proven to be an outstanding environment for implementing collaborative care. The Mental Health Quality Enhancement Research Initiative (MH-QUERI) developed the TIDES project that utilizes a partnership of researchers in Seattle and Los Angeles, as well as network leaders and clinicians in VISNs 10, 16, 22 and 23, and was designed to:

- Adapt depression collaborative care models to VA settings through Evidence-Based Quality Improvement for Depression (EBQID);
- Implement VA depression collaborative care models in intervention medical centers;
- Support and evaluate depression collaborative care implementation; and
- Prepare EBQID methods and materials for dissemination to support implementation throughout the VA.

A key feature of TIDES is collaboration between primary care providers and mental health specialists (MHS) supported by a depression care manager (DCM). The DCM, under supervision of an MHS, assists the primary care provider in the assessment and ongoing management of depressed patients. Patients being followed in primary care receive follow-up calls from the depression care manager at regular intervals. After 24 weeks, patients are generally discharged from depression care manager follow-up.

### **What TIDES Can Do For You**

The implementation of TIDES at seven demonstration clinics achieved the clinical outcomes predicted by the EBQI collaborative care model. Implementation of the model enabled 8 out of 10 depressed patients to be treated effectively in primary care. Primary care patients' compliance with medication and follow-up visits has been outstanding. Depression severity scores and functional status scores begin showing substantial improvement after 4 - 6 weeks, and results of this ongoing project show sustained improvement after six months. Based on these and other results, MH-QUERI is beginning the next phase project "Expanding and Testing VA Collaborative Care Models for Depression" (ReTIDES) that evaluates the spread and sustainability of the TIDES care model in new settings in the original three VISNs and in VISN 22.

If you are concerned about improving depression care and wish to implement collaborative care for treatment of depression, the TIDES website offers tools to assist you. The toolkit includes:

- Practice redesign information,
- Patient education materials, and
- Clinician education and support materials.

Materials and assistance in implementing the Program are available through the MH-QUERI Coordinating Center.

Please see the back page for contact information.

## How Do I Learn More?

For information about MH-QUERI and/or the TIDES Program, contact:

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## WEB Resources

For more information about improving depression care visit the following websites:

[www.rand.org/health/pic.products/overview.html](http://www.rand.org/health/pic.products/overview.html)

[www.qualitymeasures.ahrq.gov](http://www.qualitymeasures.ahrq.gov)

[www.depression-primarycare.org](http://www.depression-primarycare.org)

For more information about MH-QUERI visit their website at

[www.va.gov/mhqueri](http://www.va.gov/mhqueri)

For more information about the QUERI program in general, visit the national QUERI website at [www.hsrp.research.va.gov/queri](http://www.hsrp.research.va.gov/queri)

### References:

1. Gilbody, S., et al. Educational and organizational interventions to improve the management of depression in primary care: a systematic review. *JAMA* 2003;289(23):3145-51.
2. Hedrick, S. C. et al. Effectiveness of Collaborative Care Depression Treatment in Veterans' Affairs Primary Care. *Journal of General Internal Medicine* 2003;18(1):9-16.
3. Wells, K. B. et al. Impact of disseminating quality improvement programs for depression in managed primary care: a randomized controlled trial. 2000;283(2):212-20.
4. Wagner, E. H. et al. A survey of leading chronic disease management programs: are they consistent with the literature? *Manag Care Q.* 1999;7(3):56-66.

## MH-QUERI Executive Committee

Research Coordinator, **Richard Owen, MD** and Clinical Coordinator, **Stephen Marder, MD** lead the Executive Committee. The MH-QUERI Executive Committee includes other experts in the field of mental health: Frederic Blow, PhD; **Geoffrey Curran, PhD** (Co-Implementation Research Coordinator); Nancy Jo Dunn, PhD; Susan M. Essock, PhD; Ellen Fischer, PhD; Martha Gerrity, MD, PhD; JoAnn Kirchner, MD; Miklos Losonczy, MD, PhD; Susan McCutcheon, RN, EdD; Lisa Rubenstein, MD, MSPH; **Jeff Smith, PhD candidate** (Co-Implementation Research Coordinator); William Van Stone, MD; and John Williams, Jr, MD, MHS.